## Foster Family Home - Corrective Action Report

Provider ID: 2-120075

Home Name: Edeus Agbalog, CNA

Review ID: 2-120075-7

27-214 Road B

Reviewer:

Lori O'Keefe

Papaikou

HI 96781

Begin Date:

2/5/2020

Foster Family Home Required Certificate [11-800-6] Comply with all applicable requirements in this chapter; and 6.(d)(1) Comment: 6.d.1 - Annual inspection conducted for this 3 bed home. A corrective action report CAR) was issued via email on 2/11/2020, with a written corrective action plan (CAP) due to CTA before 3/11/2020. Foster Family Home **Background Checks** [11-800-8] 8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS; 8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and Comment: 8.a.1, 8.a.2 - HHM 2 has missed the second consecutive APS/CAN/Fingerprint clearance. This was due by 9/18/19. There is no current clearance in the home binder. Foster Family Home Personnel and Staffing [11-800-41] 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and Comment 41.f.1 - HHM 3 has no 2018 TB clearance on file so unable to determine if the current TB clearance was completed in the 3 Person Fire Safety, 3 Person Fire Safety (3P) Fire Natural Disaster (3P)(b)(6) Fire shall include all SCGs at least once per year

(3P)(b)(6) Fire - CG 3 did not conduct a fire drill in 2019.

Lori D'Keefe RN 2/11/202

see next of

Siver

for signature

Comment:

## Foster Family Home - Corrective Action Report

Provider ID:	2-120075						
Home Name:	Edeus Agbalog	, CNA	Review ID:	2-120075-7			
27-214 Road B			Reviewer:	Lori O'Keefe			
Papaikou	HI	96781	Begin Date:	2/5/2020	-		
Foster Family	Home Re	equired Certif	ficate	[11	-800-6]		
6.(d)(1) Comment:	Comply with a	ll applicable rec	quirements in this cha	pter; and			
6.d.1 - Annual i 2/11/2020, with	nspection condu a written correc	cted for this 3	bed home. A corre	ective action rep	port CAR) was issued via email on		
Foster Family	Home Ba	ckground Ch	ecks	STREET, STREET	-800-8]		
8.(a)(1)	Be subject to c	riminal history	record checks in a	NAMES OF TAXABLE PARTY.	everential and control of the contro		
8.(a)(2)			record checks in acco				
Comment:			service perpetrator ci	necks if the indivi	dual has direct contact with a client; and		
8.a.1, 8.a.2 - Hi	HM 2 has missed	the second of	consecutive APS/C	AN/Fingerprint	clearance. This was due by 9/18/19. There		
Foster Family I	SELECTION OF A TOTAL CONTRACTOR	me binder. sonnel and S	Charles and a series of the se				
Charles de la companya de la company		Sourier and C	naming	[11-	800-41]		
41.(f)(1) Comment:	Tuberculosis clearances that meet department of health guidelines; and						
41.f.1 - HHM 3 h required time fra	nas no 2018 TB	clearance on t	file so unable to de	termine if the ca	urrent TB clearance was completed in the		
3 Person Fire S Natural Disaste	Safety. 3 Pe	erson Fire Sa	ifety	(3P)	Fire		
3P)(b)(6) Fire	shall include all	SCGs at least	once per year				
V0000000000000000000000000000000000000	CG 3 did not see	advat a firm whi	W t- 2010				
0. 1(0)(0) : 110	CG 3 did not cor	iduct a fire dri	III IN 2019.		1		
		Δ			11		
		1	n		K		
					refe		
					,		
	Compliance N	longer-					
	/ C	300 100 100 <del>30</del> 0 100			Date		
	Jaben	Ansand	0		2/29/20		

Page 1 of 1

Date

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: Edeus Agbalog

CCFFH Address: 27-214 Moirton Camp Road B, Papaikou, HI 96781

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy	
8.a.1, 8.a.2	HHM2 obtained APS/CAN/Finger Print on 2/7/2020 at 10:20am. Results will be sent to CTA upon receipt. Received result on 2/25/2020. Sent to CTA-green light finding.	2/7/2020	Place reminder on PCG's caregiver binder cover for ease and prompt notice applies to all CG's/HHM's not just the person who had deficiency of items needed to be in compliance.	
41.(f)(1)	HHM3 unable to locate result of 2018 TB clearance. Deficiency cannot be corrected. Last TB screening date was 03/27/2019. She will take her TB clearance this month March 2020 before the due date. I will provide copy when done. Results received and sent to CTA.	03/2020	Place reminder on PCG's caregiver binder cover for ease and prompt notice to CG's and HHM's of items needed to be in compliace.	
3P)(b) 6)	Deficiency cannot be corrected. CG3 conducted Fire drill on 02/12/2020 at 3:00pm		I understand need for each SCG's to conduct at least 1 fire drill per year. All caregivers will be assigned 1 month that they are responsible for.	

Primary Caregiver's Signature: Leden Agoaluz

Print Name: Edeus Agbalog

Date of Signature: 3/2/2020